

Lesotho - Health Facility Survey

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Overview

Identification

COUNTRY

Lesotho

EVALUATION TITLE

Health Facility Survey

ID NUMBER

DDI-MCC-LES-MCC-HFS-2011

Version

VERSION DESCRIPTION

- v01: Edited, anonymous dataset for public distribution.

Overview

ABSTRACT

The main objective of the 2011 Health Facility Survey (HFS) was to establish a baseline for informing the Health Project performance indicators on health facilities, in line with the approved MCA-Lesotho Monitoring and Evaluation Plan and Health Project Activity Monitoring Plan. The specific objectives of the survey were to:

- Document basic characteristics of health facilities and staffing patterns;
- Assess the condition of infrastructure and availability and reliability of basic utilities (water, electricity, telephone) for supporting provision of quality essential health services;
- Assess the availability of drugs, equipment, supplies and essential health services in line with Essential Health Services List of the Ministry of Health and Social Welfare (MOHSW);
- Assess quality of services and trends in service utilization; and
- Assess the level of compliance with health care management and infection prevention and control standards.

UNITS OF ANALYSIS

Individual (health staff or client); health facility

KIND OF DATA

Other

TOPICS

Topic	Vocabulary	URI
Health	MCC Sector	

KEYWORDS

Health facility, Health center, HIV/AIDS, TB, Maternal health, Pharmaceuticals, Waste management, Health care, HMIS

Coverage

GEOGRAPHIC COVERAGE

National coverage

UNIVERSE

The survey covered the 138 Health Centers and 14 Hospital Out-patient Departments that were rehabilitated under the Lesotho Compact plus two additional facilities.

Producers and Sponsors

FUNDING

Name	Abbreviation	Role
Millennium Challenge Corporation	MCC	

Metadata Production

METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
Millennium Challenge Corporation	MCC		Review of Metadata

DATE OF METADATA PRODUCTION

2016-05-11

DDI DOCUMENT VERSION

Version 1.0 (2016-05-11)

DDI DOCUMENT ID

DDI-MCC-LES-MCC-HFS-2011

MCC Compact and Program

COMPACT OR THRESHOLD

Lesotho Compact

PROGRAM

The Compact between the Millennium Challenge Corporation and the Government of Lesotho was signed in 2007. The goal of the Compact was to promote economic development and reduce poverty in Lesotho through projects in three areas: health sector, water sector, and private sector. The Health Project was designed to strengthen the country's health care system and its ability to deliver quality services.

MCC SECTOR

Health (Health)

PROGRAM LOGIC

The Lesotho Health Project included the following Activities: - Renovating health centers in order to establish a national stock of health centers that achieve a common standard; - Improving anti-retroviral therapy services and improving management of hospital outpatient departments; - Constructing and equipping a new National Reference Laboratory and training staff in Maseru and building dormitories and staff residences at Lesotho's National Health Training College; - Constructing a dedicated, central facility for collecting and processing blood, which included a mobile blood collection vehicle that collects and transfers blood to the center as well as storage equipment and collection units; - Increasing capacity for nurse training and improving district-level public human health care resource management; and - Improving occupational health and safety and medical waste management practices. Together these Activities aimed to yield short-term outcomes such as: increased utilization of health facilities, improved quantity and quality of health staff, expanded resources for use in care; intermediate outcomes included expanded health services being offered and improved quality of service; long-term outcomes included a range of improved health outcomes, which were expected to lead to the Project goal of a reduction in poverty.

PROGRAM PARTICIPANTS

Health facilities were improved and are available throughout the country.

Sampling

Study Population

The survey covered the 138 Health Centers and 14 Hospital Out-patient Departments that were rehabilitated under the Lesotho Compact plus two additional facilities.

Sampling Procedure

Health facilities: The survey targeted all Health Centers and OPDs receiving support under the Lesotho Compact so no sampling was used at the facility level.

Facility staff: As a rule this was done with the most senior staff on location. This was normally the person in charge of the facility; the nurse clinician or a medical staff. For hospital OPDs the resident pharmacist of the hospital also needed to be interviewed regarding drugs and supplies. In this case the interviewer documented the name and designation of the person in charge of the facility and the name and designation of the person who was interviewed.

Clients: The target sample size for clients at each facility was as follows:

- Two adult women (aged 18 years or over)
- Two adult men (aged 18 years or over)
- Two care givers who are bringing dependants to the health facility, i.e. children younger than 18 years, old aged (over 65 years of age) or disabled people

Wherever possible, consecutive patients exiting the health facility were interviewed, until the sample size had been reached for each of the 3 categories to be sampled. If there were no patients from one or more of the 3 categories, there was no substitution from other categories.

Response Rate

Health facilities: 9 of the 154 facility surveys were not completed for a response rate of 94%

Clients: 639 out of a targeted 912 clients were interviewed for a response rate of 70%

Weighting

No weighting was used

Questionnaires

Overview

The survey included interviews with facility staff; review of facility equipment and supplies; limited sample record review; exit interview with sample of care seekers; inventory of pharmaceuticals; data from registers of attendance; and review of staffing structures.

The survey instruments covered the following topics:

- Health facility setting and layout;
- Health facility operational issues including availability of patient registers and other documentation;
- Condition of infrastructure, including health facility and staff housing;
- Availability and reliability of health system support utilities, including water, electricity and sewage facilities;
- Availability of communication facilities, including internet, office phone lines, cellular communication;
- Service mix (e.g. essential service package, outreach services etc), direct cost of services and service coverage;
- Availability of essential drugs, equipment and other supplies;
- Availability of laboratory services and types of tests;
- Availability of pharmaceutical services including services for supporting TB and ART diagnosis and monitoring;
- Staffing levels and patterns including time allocation and workloads;
- Staff training and competencies (in-service training, continuing education);
- Staff satisfaction (e.g. perceptions, motivation and retention);
- Quality of service provision (e.g. waiting time, quality improvement mechanisms);
- Health care waste management and infection prevention practices;
- Routine data collection and utilization and health information management system;
- Care-seeking behaviour, client perceptions and satisfaction including consultation time; and
- Utilization of services within targeted Hospitals, Health Centers and other health systems by care-seekers

Data Collection

Data Collection Dates

Start	End	Cycle
2011-07-22	2011-08-12	Baseline

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Data Collectors

Name	Abbreviation	Affiliation
ICON-INSTITUT Public Sector GmbH		
NUL-CONSULS		

Data Processing

Other Processing

The software used for processing the data was Statistical Package for Social Scientists (SPSS) version 19. Data Entry Forms were created for each of the survey instruments and verified by MCA-Lesotho. Consequently three Data Entry Forms were created; one for each questionnaire in preparation for data entry. The SPSS-19 program was used to create these forms. Once the forms had been designed, a separate computer was used for data entry for each form. Each form was assigned its own data capturer. The data were entered in the offices of the NUL-CONSULS, with 3 data entry clerks trained prior to data processing. Data capturing ran concurrently with the fieldwork.

Data Appraisal

No content available